

**INSTRUCTIONS FOR FORM OP-1(FF)**  
**APPLICATION FOR FREIGHT FORWARDER AUTHORITY**

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These instructions will assist you in preparing accurate and complete application filings. Applications that do not contain the required information will be rejected and may result in a loss of the application fee. The application must be typed or printed in ink. If additional space is needed to provide a response to any item, use a separate sheet of paper. Identify applicant on each supplemental page and refer to the section and item number in the application for each response.

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**PAPERWORK BURDEN.** It is estimated that an average of 2 burden hours per response are required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to the Federal Motor Carrier Safety Administration (FMCSA), Licensing Team, Suite 600, 400 Virginia Avenue, S.W., Washington, DC 20024. This collection of information is required in order for the FMCSA to obtain data and register applicants to operate as freight forwarders in interstate and foreign commerce. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2126-0016.

**SECTION I**

**FMCSA AUTHORITY.** If you now have any former Interstate Commerce Commission (ICC), Federal Highway Administration (FHWA), Office of Motor Carrier Safety (OMCS), or Federal Motor Carrier Safety Administration (FMCSA) authority or have an application for authority being processed now by FMCSA, check the "YES" box and indicate the docket or the MC number you have been assigned. Example: MC-987654.

**APPLICANT'S LEGAL BUSINESS NAME and DOING BUSINESS AS NAME.** The applicant name should be your full legal business name -- the name on the incorporation certificate, partnership agreement, tax records, etc. If you use a trade name that differs from your official business name, indicate this under "Doing Business As Name." Example: If you are John Jones, doing business as Quick Way Forwarding, enter "John Jones" under APPLICANT'S LEGAL BUSINESS NAME and "Quick Way Forwarding" under DOING BUSINESS AS NAME.

Because the FMCSA uses computers to retain information about licensed carriers, it is important that you spell, space, and punctuate any name the same way each time you write it. Example: John Jones Forwarding Co., Inc.; J. Jones Forwarding Co., Inc.; and John Jones Forwarding are considered three separate companies.

**BUSINESS ADDRESS/MAILING ADDRESS.** The business address is the physical location of the business. Example: 756 Bounty Street; 15433 State Highway 23. If applicant receives mail at an address different from the business location, also provide the mailing address. Example: P.O. Box 3721. NOTE: To receive pertinent FMCSA notices and to ensure that insurance documents filed on applicant's behalf are accepted, notify the FMCSA in writing (Federal Motor Carrier Safety Administration, Licensing Team, Suite 600, 400 Virginia Avenue, S.W., Washington, DC 20024) if business or mailing address changes.

**REPRESENTATIVE.** If someone other than the applicant is preparing this form, provide the representative's name, title, position, or relationship to the applicant, address, and telephone and FAX numbers. Applicant's representative will be the contact person if there are questions concerning this application.

**USDOT NUMBER.** Vehicle-operating freight forwarders (*i.e.*, if applicant will provide a pickup or delivery service) subject to the Federal Motor Carrier Safety Regulations are required to register with the U.S. Department of Transportation (U.S. DOT) for a USDOT number before initiating service. Vehicle-operating freight forwarders that already have been issued a USDOT number, should provide it; those that have not obtained a USDOT number should refer to the information sources under the "Additional Assistance" part of these Instructions.

**FORM OF BUSINESS.** A business is either a corporation, sole proprietorship, or a partnership. If the business is a sole proprietorship, provide the name of the individual who is the owner. In this situation, the owner is the authority applicant. If the business is a partnership, provide the name of each partner.

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**SECTION II**

**TYPE OF AUTHORITY.** Check the appropriate box to confirm that you are requesting household goods or property freight forwarder authority. Note: A separate filing fee is required for each type of authority requested. See "Fee Policy" in the application form.

**SECTION III**

**INSURANCE INFORMATION**

**INSTRUCTIONS FOR FORM OP-1(FF)**  
**APPLICATION FOR FREIGHT FORWARDER AUTHORITY**

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All freight forwarder applicants must have on file with the FMCSA proof of adequate insurance as follows:

- (a) Public liability insurance--freight forwarders that perform transfer, collection, and delivery service must have on file evidence that you maintain appropriate levels of bodily injury and property damage (BI&PD) insurance and environmental restoration coverage--filed on Form BMC-91 or BMC-91X. Complete the "Insurance Information" in Section III.

**NOTE:** Freight forwarders that:

- (1) do not own or operate any motor vehicles upon the highways in the transportation of property,
- (2) do not perform transfer, collection, or delivery services, and
- (3) do not have motor vehicles operated under their direction and control in the performance of transfer, collection, or delivery services may request a waiver of liability insurance requirements by checking the appropriate box in this Section. Operating authority issued to such forwarders will indicate that BI&PD requirements have been waived. The waiver is conditional and is valid only as long as the forwarder remains in compliance with the non-vehicle operating conditions noted on its operating permit.)

- (b) Cargo insurance--all freight forwarders must have on file minimum levels of cargo insurance--filed on Form BMC-34:

1. \$5,000 - for loss of or damage to property carried on any one motor vehicle; and
2. \$10,000 - for loss of or damage to or aggregate of losses of or damages to property occurring at any one time and place.

Appropriate insurance forms must be filed within **90 days** after the date notice of your application is published in the *FMCSA Register*: Form BMC-91 or BMC-91X for bodily injury and property damage, Form BMC-34 for cargo liability, Form BMC-84 for broker surety bond, and Form BMC-85 for broker trust fund agreement.

The FMCSA does not furnish copies of insurance forms. You must contact your insurance company to arrange for the filing of all required insurance forms.

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## **SECTION IV**

**SAFETY CERTIFICATION.** Vehicle-operating freight forwarder applicants must complete the safety certification. You should check the "YES" response only if you can attest to the truth of the statements. The "Applicant's Oath" at the end of the application form applies to all certifications, and false certifications are subject to the penalties described in that oath.

If you operate only vehicles with a gross vehicle weight rating under 10,000 pounds and will not transport hazardous materials, you are exempt from the U.S. DOT safety fitness regulations; however, you must certify that you are familiar with and will observe general operational safety fitness guidelines and applicable State and local laws relating to the safe operation of commercial motor vehicles.

You must check only one of the boxes in this section.

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**SECTION V**

**CERTIFICATION.** All forwarder applicants must complete this certification concerning compliance with statutory licensing requirements.

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**SECTION VI**

**CONTROL RELATIONSHIPS.** All forwarder applicants must disclose and describe pertinent control relationships.

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**SECTION VII**

**AFFILIATIONS.** All applicants must disclose pertinent information concerning affiliations, if any, with other former ICC, FHWA, or OMCS; now FMCSA-licensed entities.

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**SECTION VIII**

**APPLICANT'S OATH.** Applications may be prepared by the applicant or an authorized representative. In either case, the oath must be signed by the applicant. In the case of companies, an authorized employee in the ownership structure may sign. An individual with power of attorney to act on behalf of the applicant may sign, provided that proof of the power of attorney is submitted with the application.

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**LEGAL PROCESS  
AGENTS**

All applicants must designate a process agent in each State where operations are authorized. Process agents who will accept legal filings on applicant's behalf are designated on Form BOC-3. Form BOC-3 must be filed within **90 days** after the date notice of the application is published in the *FMCSA Register*.

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**STATE  
NOTIFICATION**

Before beginning new or expanded interstate operations, you must contact the appropriate regulatory agencies in every State involved in your operations to obtain information regarding various State rules applicable to interstate authorities. It is the applicant's responsibility to comply with any pertinent State regulations and procedures. Begin this process by contacting the transportation regulatory agency for the State in which your business is located.

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**MAILING  
INSTRUCTIONS**

To file for authority you must submit an **original and one copy** of this application with the appropriate filing fee to **FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**, P. O. Box 100147, Atlanta, GA 03084-0147.

**NOTE: RETAIN A COPY OF THE COMPLETED APPLICATION FORM AND ANY ATTACHMENTS FOR YOUR OWN RECORDS.**

**ALL DOCUMENTS WITH FEES ATTACHED:**

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
P. O. Box 100147  
Atlanta, GA 30384-0147

**FOR EXPRESS MAIL ONLY**

NationsBank Wholesale Lockbox 100147  
6000 Feldwood Road  
3rd Floor East  
College Park, GA 30349

**FOR CREDIT CARD USERS ONLY:**

FMCSA, Licensing Team  
Suite 600, 400 Virginia Avenue, S.W.  
Washington, DC. 20024

## ADDITIONAL ASSISTANCE

### FMCSA INFORMATION SOURCES

Additional information on obtaining operating authority or monitoring the status of your applications is available through the Automated Response Capability (ARC) telephone system. After dialing (202) 358-7000, press 1, then request appropriate menu number indicated below. You may use the ARC 24 hours a day, 7 days a week to obtain information in the following areas:

<u>Information Requested</u>	<u>MENU NUMBER</u>
<ul style="list-style-type: none"> <li>Status of your application (NOTE: Tracking the Status of your application can be simplified and expedited if you refer to the assigned <u>docket number</u> when making inquiries. You will be informed of your docket number by letter sent on the date notice of your application appears in the <i>FMCSA Register</i>.)</li> </ul>	1
<ul style="list-style-type: none"> <li>Assistance in filing your application</li> </ul>	3
<ul style="list-style-type: none"> <li>Status of insurance and process agent filings</li> </ul>	2

If you require information that is not available in the automated response system, the ARC will guide you to an appropriate staff member who will be able to assist you in other areas.

### USDOT Number and Safety Ratings

- To obtain information on obtaining a USDOT number (filing Form MCS-150) or to request a safety fitness review, write to:

Director, Office of Data Analysis & Information Systems  
Federal Motor Carrier Safety Administration  
400 7th Street, S.W., MC-RIS  
Washington, DC 20590

or call: (800) 832-5660 (Automated response system)

- For information concerning a carrier's assigned safety rating, call: (800) 832-5660

### U.S. DOT Hazardous Materials Regulations

- To obtain information on whether the commodities you intend to transport are considered to be hazardous materials:

Refer to the provisions governing hazardous materials in the Federal Motor Carrier Safety Regulations at Parts 170 through 189 of Title 49 of the Code of Federal Regulations (CFR), particularly the Hazardous Materials Table at 49 CFR Part 172, or contact U.S. DOT at (202) 366-6121.

- To obtain information about DOT hazardous materials transportation registration requirements:

Contact U.S. DOT at (202) 366-4109.

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION**  
**FORM OP-1(FF)**  
**APPLICATION FOR FREIGHT FORWARDER AUTHORITY**

Approved by OMB

2126-0016

This application is for all individuals and businesses requesting authority to operate as freight forwarders in interstate or foreign commerce. Freight forwarders are involved in the arrangement, assembly, and/or consolidation for transportation where the actual movement is performed by FMCSA-licensed carriers. Forwarders arrange with the carriers for the actual line-haul transportation; they do not do it themselves. (Freight forwarders may provide local pickup and delivery services directly or by using a carrier under their control.) Freight forwarders issue bills of lading to shippers and are responsible for loss of or damage to the goods.

FOR FMCSA USE ONLY
Docket No. FF- _____
Filed _____
Fee No. _____
CC Approval No. _____

**SECTION I**

**Applicant  
Information**

Do you now have authority from or an application being processed by the former ICC, FHWA, OMCS, or FMCSA? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, identify the lead docket number(s):
LEGAL BUSINESS NAME
DOING BUSINESS AS NAME
BUSINESS ADDRESS
_____ Street Name and Number      City      State      Zip Code      Telephone Number
MAILING ADDRESS (If different from above)
_____ Street Name and Number      City      State      Zip Code
REPRESENTATIVE (Person who can respond to inquiries)
_____ Name and title, position, or relationship to applicant
_____ Street Name and Number      City      State      Zip Code
Telephone Number (      )      FAX Number (      )
USDOT Number (If available; if not, see Instructions.)
FORM OF BUSINESS (Check only one.): <input type="checkbox"/> Corporation      State of Incorporation _____ <input type="checkbox"/> Sole Proprietorship      Name of Individual _____ <input type="checkbox"/> Partnership      Identify Partners _____

**SECTION II**  
**Type of Authority**

<input type="checkbox"/> HOUSEHOLD GOODS FREIGHT FORWARDER
<input type="checkbox"/> FREIGHT FORWARDER OF PROPERTY (EXCEPT HOUSEHOLD GOODS)

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**SECTION III**

**Insurance  
Information**

Freight forwarders that perform transfer, collection, and delivery service must have on file evidence of appropriate levels of bodily injury and property damage (BI&PD) insurance and environmental restoration coverage. The dollar amounts in parentheses represent the minimum amount of bodily injury and property damage (liability) insurance coverage you must maintain and have on file with the FMCSA.

NOTE: All freight forwarder applicants should refer to the instructions for information on cargo insurance filing requirements.

- ☐ Will operate vehicles having Gross Vehicle Weight Ratings (GVWR) of 10,000 pounds or more to transport:
  - ☐ Non-hazardous commodities (\$750,000)
  - ☐ Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 1043.2(b)(2)(c) (\$1,000,000).
  - ☐ Hazardous materials referenced in the FMCSA's insurance regulations at 49 CFR 1043.2(b)(2)(b) (\$5,000,000).
- ☐ Will operate only vehicles having Gross Vehicle Weight Ratings (GVWR) under 10,000 pounds to transport:
  - ☐ Any quantity of Class A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity of radioactive materials (\$5,000,000).
  - ☐ Commodities other than those listed above (\$300,000).
- ☐ Applicant seeks a waiver of liability (BI&PD) insurance requirements and certifies that in its forwarding operations it:
  - (1) will not own or operate any motor vehicles upon the highways in the transportation of property;
  - (2) Will not perform transfer, collection, or delivery services; and
  - (3) Will not have motor vehicles operated under its direction and control in the performance of transfer collection, or delivery services.

**SECTION IV**

**Certification  
Household Goods**

**ALL HOUSEHOLD GOODS FREIGHT FORWARDER APPLICANTS** must certify as follows:

Applicant is fit, willing, and able to provide household goods freight-forwarding operations and to comply with all pertinent statutory and regulatory requirements. This assessment of fitness includes applicant's general familiarity with former ICC, FHWA, OMCS, now FMCSA regulations for household goods movements. The proposed operations will be consistent with the public interest and the transportation policy of 49 U.S.C. 10101 and applicant will offer arbitration as a means of settling loss and damage disputes on collect-on-delivery shipments.

- ☐ YES

**NOTE:** Applicant may attach a supporting statement to this application to provide additional information about the above certification. This evidence is optional.

**SECTION V**

**Safety  
Certification  
(Vehicle Operating  
Freight Forwarder  
Applicants Only)**

**APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS** - If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with Federal Motor Carrier Safety Regulations;
- (2) Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

☐ YES

**EXEMPT APPLICANTS** - If you will operate only small vehicles (GVWR under 10,000 pounds), and will not transport hazardous materials, you are, exempt from Federal Motor Carrier Safety Regulations, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

☐ YES

**SECTION VI**

**Control  
Relationships**

Applicant is engaged principally in the business of manufacturing, buying, or selling articles and commodities, or is in control of, controlled by, or under common control with any such entity.

☐ YES   ☐ NO

If yes, describe the relationship and indicate to what extent the involved entity engaged in manufacturing, buying, or selling commodities uses the services of freight forwarders. If applicant itself is engaged in manufacturing, buying, or selling as described above, indicate to what extent it performs its own forwarding operations in conjunction with the assembly, consolidation, and shipment of the commodities it manufactures, buys, or sells.

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**SECTION VII**

**AFFILIATION WITH OTHER FORMER ICC, FHWA, OMCS; NOW FMCSA-LICENSED ENTITIES.** Disclose any relationship you have or have had with any other FMCSA-licensed entity within

**Affiliations**

the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC-number, USDOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

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**SECTION VIII**

**Applicant's  
Oath**

This oath applies to all supplemental filings to this application. The signature must be that of applicant, not legal representative.

I, \_\_\_\_\_, verify under penalty of  
*Name and title*

perjury, under the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Fee Policy**

- Filing fees must be payable to the **Federal Motor Carrier Safety Administration**, by check drawn upon funds deposited in a bank in the United States or money order payable in U.S. currency or by approved credit card.
- Separate fees are required **for each type of authority requested**. If applicant requests multiple types of permanent authority on one application form (for example, common and contract carrier authority) or if applicant submits more than one form in the OP-1 Series in a single filing, multiple fees are required. The applicant may submit a single payment for the sum of the applicable fees.
- Filing fees must be sent, along with the original and one copy of the application, to Federal Motor Carrier Safety Administration, P. O. Box 100147, Atlanta, GA, 30384-0147. **For express mail only:** NationsBank Wholesale Lockbox 100147, 6000 Feldwood Road, 3rd Floor East, College Park, GA 30349. **For credit card only:** FMCSA, Licensing Team, Suite 600, 400 Virginia Avenue, S.W., Washington, D.C., 20024.
- After an application is received, the filing fee is **not** refundable.
- The FMCSA reserves the right to discontinue processing any application for which a check is returned because of insufficient funds. The application will not be processed until the fee is paid in full.

**Filing Fee Information**

All applicants must submit a filing fee for each type of authority requested. The enclosed fee schedule will show the appropriate filing fee. The total amount due is equal to the fee times the number of boxes checked in **Section II**. Fees for multiple authorities may be combined in a single payment.

Total number of boxes checked in **Section II**: \_\_\_\_\_ x filing fee \$ \_\_\_\_\_ = \$ \_\_\_\_\_

INDICATE AMOUNT \$ \_\_\_\_\_ AND METHOD OF PAYMENT

☐ CHECK or ☐ MONEY ORDER, payable to: FMCSA

☐ VISA ☐ MASTERCARD

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_